

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216507707			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Enterprise Community Partners, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/29/2016</p> <p>SCC ID NO: F1166497</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11000 BROKEN LAND PARKWAY SUITE 700</p> <p style="text-align: center;">CITY/ST/ZIP: COLUMBIA, MD 21044</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TERRI LUDWIG TITLE: PRES/CEO ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TERRI LUDWIG TITLE: PRES/CEO ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: A. SCOTT ANDERSON TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: A. SCOTT ANDERSON TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: A. SCOTT ANDERSON TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALEX AVITABILE TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ALEX AVITABILE TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY JO BARRANCO TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY JO BARRANCO TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARY JO BARRANCO TITLE: VICE PRESIDENT ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
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NAME: LORI CHATMAN TITLE: SR VP ADDRESS: 11000 BROKEN LAND PARKWAY, STE 700 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			

NAME:	PAUL CUMMINGS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	ANTHONY J DI SPIGNO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	KEITH FAIREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	ANDREW E GEER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RICHARD GROSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	ROBERT GROSSINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MATTHEW HOFFMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	AMALIA KASTBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	KAREN LADO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MARY ANN LEONARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MARYANN LESHIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	EDWARD MANEKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	TIFFANY MANUEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MARK MCDERMOTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	PETRA MONTAGUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	BENJAMIN NICHOLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	THOMAS OSDOBA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MELINDA J POLLACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	EDWARD ROSENTHAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	JEFFREY SCHAFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MEAGHAN SHANNON-VLKOVIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	S. VICTORIA SHIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	ALAZNE SOLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	KATIE SWENSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MICHELLE WHETTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	DIANE YENTEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	FAITH E THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/SEC		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	NAOMI BAYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VICE PRE		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RICK LAZIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MICHAEL MCNEELY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CFO & TREA		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	ABBY JO SIGAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VICE PRE		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	J. RONALD TERWILLIGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	PRISCILLA ALMODOVAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	GREGORY BAER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MARIA BARRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	BILL BECKMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RAPHAEL BOSTIC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	JOSEPH BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RAYMOND CHRISTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RICHARD COLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	CHRISTOPHER COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	SHEILA CROWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	ADAM FLATTO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	LANCE FORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	DORA LEONG GALLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	ALICIA GLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RONALD GRZYWINSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RICK LAZIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	BETH MYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	EDWARD NORTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	JOHN REILLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	TONY SALAZAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RENATA SIMRIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MICHAEL SLCOUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	CHARLES WERHANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11000 BROKEN LAND PARKWAY, STE 700		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ FAITH E THOMAS	FAITH E THOMAS, SVP/GC/SEC	2/29/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		